

REMITTANCE VOUCHERS/UMMS CLAIMS REPORT

Medicaid and Schools Training
October 2019
Catina Claytor-Frye, Medicaid Coordinator
Arlington Public Schools

UMMS CLAIMS REPORT

Track your Interim Billing from the Review Claims menu option in the
Cost Report website:
<https://cbe.chcf-umms.org/CR/Reports>

ONLINE ACCESS TO CLAIM TRACKING



DATA UPDATED MONTHLY

CHECK THE 'AS OF DATE' IN THE TOP RIGHT-HAND CORNER OF THE SCREEN TO SEE WHEN THE LAST CLAIM FILES WERE UPDATED IN THE SYSTEM:

DMAS DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Review State Claims Data

School Division: Albemarle County Public Schools

Service Start Date: Year: Select Quarter: 2017 From Date: To Date: 08/31/2017

Export Summary Only

SEARCH BY SERVICE DATE TO TRACK MONTHLY BILLING

DMAS DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Review State Claims Data

School Division: Albemarle County Public Schools

Service Start Date: Year: Select Quarter: 2017 From Date: 08/01/2017 To Date: 08/31/2017

Export Summary Only

SEARCH BY SERVICE DATE TO TRACK MONTHLY BILLING

EXPORT SUMMARY REPORT TO CHECK FOR STATUS OF EACH STUDENT'S CLAIMS FOR THE MONTH:

☒ Export Summary Only

Last Name	Middle Name	First Name	Midwest/FAS/US/IN	Service Type	Billed Units	Paid Units	Desired Units	Remaining Units	TTD Paid
ALLEGRETT ONON	B	AUSTIN	06/02/2007	Psych	1	1	0	0	0
ALPINE ROCKCRESS	I	GENESIS	762041747045	Psych	1	1	0	0	0
BALLOON VINE	N	RODOLFO	211003095050	Psych	1	1	0	0	0
BITTERPANT ROCKORY	A	JACOB	08/12/817819	SPL	3	3	0	0	0
BOCKEY	K	EDRA	08/10/642109	SPL	1	1	0	0	0
DEEBERRY		NICHOLAS	75010887027	Psych	1	1	0	0	0

[illegible][illegible]

OTHER SEARCH OPTIONS: STUDENT NAME

Review State Claims Data

School Selection: **Alameda County Public Ed**

Service Start Date: Year: **2018** Quarter: **Q1** From Date: **10/1/2018** To Date: **10/1/2018**

Service End Date: **10/1/2018**

Search

Student	Public Name	First Name	Initials/FIRST ID #	Service Type	Refund Code	Refund Code	Refund Code	Refund Code	Refund Code	Refund Code
1	ALAMEDA	ALAMEDA	187100011000	Public	00	0	0	0	0	0
2	ALAMEDA	ALAMEDA	187100011000	Transportation	00	0	0	0	0	0

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OTHER SEARCH OPTIONS: MEDICAID ID

Review State Claims Data

School Selection: **Alameda County Public Ed**

Service Start Date: Year: **2018** Quarter: **Q1** From Date: **10/1/2018** To Date: **10/1/2018**

Service End Date: **10/1/2018**

Search

Student	Public Name	First Name	Initials/FIRST ID #	Service Type	Refund Code	Refund Code	Refund Code	Refund Code	Refund Code	Refund Code
1	ALAMEDA	ALAMEDA	187100011000	Public	00	0	0	0	0	0
2	ALAMEDA	ALAMEDA	187100011000	Transportation	00	0	0	0	0	0

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OTHER SEARCH OPTIONS: SERVICE TYPE

Review State Claims Data

School Selection: **Alameda County Public Ed**

Service Start Date: Year: **2018** Quarter: **Q1** From Date: **10/1/2018** To Date: **10/1/2018**

Service End Date: **10/1/2018**

Search

Student	Public Name	First Name	Initials/FIRST ID #	Service Type	Refund Code	Refund Code	Refund Code	Refund Code	Refund Code	Refund Code
1	ALAMEDA	ALAMEDA	187100011000	Public	00	0	0	0	0	0
2	ALAMEDA	ALAMEDA	187100011000	Transportation	00	0	0	0	0	0

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REMITTANCE VOUCHERS

- <https://www.virginiamedicaid.dmas.virginia.gov>
- Check weekly, monthly
- 3 sections: Medicaid, FAMIS, Medicaid Expansion
- Approved, Pended, Denied

REASONS FOR DENIALS AND **NOT** RESUBMIT

- 0302: Duplicate of History File Record
- 0330: Duplicate of History File Record
- 0456: ENROLLEE NOT COVERED FOR THIS SERVICE

REASONS FOR DENIALS AND RESUBMISSIONS

- 0030: PRIMARY DIAG NOT ON FILE/INVALID
- 0178: INVALID DIAGNOSIS CODE

RESUBMIT!!!


